Case 12-36980-KLP Doc 35

Filed 10/29/13 Entered 10/29/13 11:34:01 Desc Main Document Page 1 of 7

B22A (Official Form 22A) (Chapter 7) (12/10)

Allen Jone In re Otelia M.	•	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: 12-36980		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

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	Part II. CALCULATION OF M	10l	THLY INCOM	ME FOR § 707(b)	(7)]	EXCLUSION		
	Marital/filing status. Check the box that applies		-	-	teme	nt as directed.		
	a. Unmarried. Complete only Column A ("I							
	b. \square Married, not filing jointly, with declaration							
2	"My spouse and I are legally separated under							
2	purpose of evading the requirements of § 707 for Lines 3-11.	/(b)(.	2)(A) of the Bankru	iptcy Code." Complete	oniy	column A ("Dei	otoi	's income")
	c. \square Married, not filing jointly, without the decl	arati	on of separate hous	eholds set out in Line ?	h ah	ove Complete h	oth	Column A
	("Debtor's Income") and Column B ("Spo				uc	ove. complete a		
	d. Married, filing jointly. Complete both Col				"Spe	ouse's Income'')	for	Lines 3-11.
	All figures must reflect average monthly income r					Column A		Column B
	calendar months prior to filing the bankruptcy cas							
	the filing. If the amount of monthly income varie			you must divide the		Debtor's Income		Spouse's Income
	six-month total by six, and enter the result on the	appro	opriate line.			Theome —		Income
3	Gross wages, salary, tips, bonuses, overtime, co				\$	1,001.15	\$	1,820.00
	Income from the operation of a business, profes							
	enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate num							
	not enter a number less than zero. Do not include				1			
4	Line b as a deduction in Part V.		<u>.</u>	F				
			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary business expenses	\$	0.00		_	0.00	ф	0.00
	c. Business income		btract Line b from l		\$	0.00	Þ	0.00
	Rents and other real property income. Subtract the appropriate column(s) of Line 5. Do not enter							
	part of the operating expenses entered on Line							
5			Debtor	Spouse				
	a. Gross receipts	\$	0.00					
	b. Ordinary and necessary operating expenses		0.00					
	c. Rent and other real property income	Su	btract Line b from l	Line a	\$	0.00	\$	0.00
6	Interest, dividends, and royalties.				\$	0.00	\$	0.00
7	Pension and retirement income.				\$	0.00	\$	0.00
	Any amounts paid by another person or entity,	on a	regular basis, for	the household				
8	expenses of the debtor or the debtor's depender							
0	purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column;							
	if a payment is listed in Column A, do not report to				\$	0.00	\$	0.00
	Unemployment compensation. Enter the amount							
	However, if you contend that unemployment com	pensa	ation received by yo	ou or your spouse was a	ı			
9	benefit under the Social Security Act, do not list t		nount of such comp	ensation in Column A				
	or B, but instead state the amount in the space bel	ow:			٦			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	or \$	0.00 Spo	ouse \$ 0.00		2.22	Φ.	0.00
	ce a content ander and social security free				\$	0.00	\$	0.00
	Income from all other sources. Specify source at on a separate page. Do not include alimony or se							
	spouse if Column B is completed, but include all							
	maintenance. Do not include any benefits received under the Social Security Act or payments							
10	received as a victim of a war crime, crime against humanity, or as a victim of international or							
10	domestic terrorism.		D.L.		٦			
	a. Social security	\$	Debtor 1,106.00	\$ 0.00	1			
	b. Prorated tax refund	\$	1,106.00					
	Total and enter on Line 10	Ψ			\$	1,271.83	Ф	0.00
1.1	Subtotal of Current Monthly Income for § 707(h)(7	Add Lines 3 thm	10 in Column A and	_	1,211.03	ψ	0.00
11	Column B is completed, add Lines 3 through 10 is				\$	2,272.98	\$	1,820.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		4,092.98			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	49,115.76			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: VA b. Enter debtor's household size: 3	\$	76,012.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.					
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2) 16	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
Marital adjustment. If you checked the box at Line 2.c., enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a.	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtors of dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. A	16	Enter the amount from Line 12.					\$
C. d.	Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.						
Total and enter on Line 17 S							
Total and enter on Line 17 18 Current monthly income for \$ 707(b)(2). Subtract Line 17 from Line 16 and enter the result. Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons of 5 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons of 5 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons of 5 years of age or older. (This information is available at www.usdoj.gov/ust/ or form the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b2. Number of persons c1. Subtotal Local Standards: housing and utilitie							
Part V. CALCULATION OF DEDUCTIONS FROM INCOME Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons in each age category is the number of persons who are 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons of age allowed as exemptions on your federal income tax return, plus the number of persons of available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of		L			ĮΨ		\$
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons d5 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are of 5 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number of persons who are 65 years of age or older. (The applicable number of persons under 65 years of age or older.) In unumber of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b2. Number of persons b2. Number of persons c1. Subtotal c2. Subtotal savalable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of th	18		7(b)(2). Subtract Lin	ne 17 fro	m Line 16 and enter the res	ılt.	\$
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons dege, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons of years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons of 3 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person b1. Number of persons c1. Subtotal Persons d65 years of age or older a1. Subtotal Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the n		Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons of 5 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons who are 65 years of age or older. (The applicable number of persons under 65 years of age or older.) In the number of persons under 65 years of age or older, and enter the result in Line c1. Multiply Line al by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age		Subpart A: De	luctions under Sta	andard	s of the Internal Revenu	ie Service (IRS)	
Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line b2. Persons under 65 years of age	19A	Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the that would currently be allowed as	other Items for the ap clerk of the bankrupt exemptions on your f	plicable cy court	number of persons. (This in) The applicable number of	formation is available persons is the number	\$
a1. Allowance per person a2. Allowance per person b1. Number of persons b2. Number of persons c1. Subtotal c2. Subtotal \$\$ Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of	19B	Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line					
b1. Number of persons c1. Subtotal Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of			rs of age	n?		or older	
C1. Subtotal C2. Subtotal \$ Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of							
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Lany additional dependents whom you support	Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of			\$			

4

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. IRS Housing and Utilities Standards; mortgage/rental expense Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	aty and family size (this information is ourt) (the applicable family size consists of deral income tax return, plus the number of al of the Average Monthly Payments for any		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	tled under the IRS Housing and Utilities	\$	
22A	Local Standards: transportation; vehicle operation/public transport You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expensincluded as a contribution to your household expenses in Line 8. □ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	f whether you pay the expenses of operating a es or for which the operating expenses are ant from IRS Local Standards: "Operating Costs" amount from IRS Local explicable Metropolitan Statistical Area or	\$	
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
23	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line result in Line 23. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	chip/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average	\$	
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Line the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	2. Complete this Line only if you checked IRS Local Standards: Transportation court); enter in Line b the total of the Average	\$	
25	Other Necessary Expenses: taxes. Enter the total average monthly exstate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. Do not include real estate or sales	ome taxes, self employment taxes, social	\$	

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26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	retirement contributions, union dues, and uniform costs.	\$
27	Other Necessary Expenses: life insurance. Enter total a life insurance for yourself. Do not include premiums for any other form of insurance.		\$
28	Other Necessary Expenses: court-ordered payments. E pay pursuant to the order of a court or administrative agen include payments on past due obligations included in L	cy, such as spousal or child support payments. Do not	\$
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expendeducation that is required for a physically or mentally chall providing similar services is available.	d for education that is a condition of employment and for	\$
30	Other Necessary Expenses: childcare. Enter the total av childcare - such as baby-sitting, day care, nursery and pres		\$
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is include payments for health insurance or health saving	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. Do not	\$
32	Other Necessary Expenses: telecommunication services actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or into welfare or that of your dependents. Do not include any ar	ur basic home telephone and cell phone service - such as ernet service - to the extent necessary for your health and	\$
33	Total Expenses Allowed under IRS Standards. Enter the	ne total of Lines 19 through 32.	\$
	Note: Do not include any experiments the categories set out in lines a-c below that are reasonably dependents.		
34	a. Health Insurance	\$	
	b. Disability Insurance	\$	
	c. Health Savings Account	\$	\$
	Total and enter on Line 34. If you do not actually expend this total amount, state you below: \$	our actual total average monthly expenditures in the space	
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of y expenses.	and necessary care and support of an elderly, chronically	\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		
38	Education expenses for dependent children less than 18 actually incur, not to exceed \$147.92* per child, for attend school by your dependent children less than 18 years of as documentation of your actual expenses, and you must enecessary and not already accounted for in the IRS Sta	lance at a private or public elementary or secondary ge. You must provide your case trustee with explain why the amount claimed is reasonable and	\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	exper Stand or fro	nses exceed the combined allow dards, not to exceed 5% of those	ase. Enter the total average monthly am ances for food and clothing (apparel an e combined allowances. (This informatio ourt.) You must demonstrate that the	d ser	vices) in the IRS available at <u>www</u>	National v.usdoj.gov/ust/	\$
40			S. Enter the amount that you will continuous as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deductio	ons under § 707(b). Enter the total of I	Lines	34 through 40		\$
			Subpart C: Deductions for De	bt P	Payment		
42	own, and o amou bank	list the name of the creditor, ide check whether the payment inclu- tors scheduled as contractually of	s. For each of your debts that is secured entify the property securing the debt, and des taxes or insurance. The Average M due to each Secured Creditor in the 60 recessary, list additional entries on a sep 42.	nd sta Ionth nonth	te the Average M ly Payment is the hs following the f	Ionthly Payment, total of all iling of the	
		Name of Creditor	Property Securing the Debt		verage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Total: Add Lines		\$
43	moto your paym sums	r vehicle, or other property nece deduction 1/60th of any amount nents listed in Line 42, in order to in default that must be paid in order.	If any of debts listed in Line 42 are secessary for your support or the support of the "cure amount") that you must pay to maintain possession of the property. Torder to avoid repossession or foreclosus additional entries on a separate page. Property Securing the Debt	f you the o The o ire. L	r dependents, you creditor in addition cure amount would list and total any standard of the \$	n may include in on to the ld include any	\$
44	prior		laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.				\$
			s. If you are eligible to file a case under by the amount in line b, and enter the re-				
45	a. b.	issued by the Executive Offi information is available at we the bankruptcy court.)	Chapter 13 plan payment. Listrict as determined under schedules ce for United States Trustees. (This ww.usdoj.gov/ust/ or from the clerk of tive expense of Chapter 13 case	x Tot	tal: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			\$			
Subpart D: Total Deductions from Income							
47	Tota	l of all deductions allowed und	ler § 707(b)(2). Enter the total of Lines	33, 4	41, and 46.		\$
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION							
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				\$		
49	Ente	r the amount from Line 47 (To	otal of all deductions allowed under §	707((b)(2))		\$
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Line	e 48 a	and enter the resu	ılt.	\$
51	60-m	=	§ 707(b)(2). Multiply the amount in Li	ine 50	0 by the number (60 and enter the	\$

D22/1 (C	miciai i omi 22/i) (chapici /) (12/10)		,
	Initial presumption determination. Check the applicable box and proceed as dir	ected.	
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presump statement, and complete the verification in Part VIII. Do not complete the remained		age 1 of this
-	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "statement, and complete the verification in Part VIII. You may also complete Part		
	\Box The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Co	mplete the remainder of Part VI (I	ines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt		\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	r 0.25 and enter the result.	\$
	Secondary presumption determination. Check the applicable box and proceed a	as directed.	
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box to of this statement, and complete the verification in Part VIII.	for "The presumption does not aris	e" at the top of page 1
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may a		on arises" at the top
	Part VII. ADDITIONAL EXPENSE	CLAIMS	
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All fi each item. Total the expenses.	your current monthly income und	er §
	Expense Description	Monthly Amou	nt
	a.	\$	_
	b.	\$	_
	c. d.	\$	_
	Total: Add Lines a, b, c, and d	\$	
	Part VIII. VERIFICATION	N	
	I declare under penalty of perjury that the information provided in this statement is	is true and correct. (If this is a join	nt case, both debtors
	must sign.) Date: October 25, 2013 Signatur	e: /s/ Allen Jones, Jr.	
57		Allen Jones, Jr. (Debtor)	
	Date: October 25, 2013 Signatur	re /s/ Otelia M. Jones	
		Otelia M. Jones	
		(Joint Debtor, if an	ıy)

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.